



EASTHAM COUNCIL ON AGING

Box 1203 North Eastham, Massachusetts 02651 (774) 801-3151

www.eastham-ma.gov

VOLUNTEER APPLICATION FORM

Name: _____

Email Address: _____

Mailing Address: _____

Home Phone: () _____

Cell Phone: () _____

Special Skills: (Hobbies, second languages, etc.) _____

___ Reaching Out to Neighbors Alone

___ REACH volunteer

___ Driver to medical appointments

___ Driver to congregate luncheons

___ Driver for errands

___ Bread run to Shaws/Stop & Shop

___ Food delivery quarterly

___ Hospitality Chairperson Programs

___ Temporary secretary

___ Set up and clean up for luncheons

___ Web site design and maintenance

___ Preparation of newsletter for mailing

___ Thrift Shop clerk or marker

___ Foreign language teacher

___ Games (Rummikub, Bridge, Mah Jongg, etc...)

___ Musical activities (chorus, band)

___ Computer class teacher

___ Humanities Discussion group leaders

___ Friday at the movies

___ Program coordinator for Center activities

___ Press and advertising liaison

___ Senior Center Greeter

___ Cleaning/Organizing committee (medical equipment, kitchen, carpets, etc...)

Other _____

Each volunteer applicant is required to have a CORI check (background check) done before working at the Center. This form is included with this application.